



10 Steps to Getting Started with the ILPQC Promoting Vaginal Birth (PVB) Initiative

1. Schedule regular, at least monthly, PVB QI **team meetings**.
2. Review the **ILPQC Data Collection Form** with your team and discuss strategies for data collection.
3. Complete the **PVB Teams Readiness Survey and identify team goals**. Please work together as a team to complete the survey. Choose one designee to fill out the PVB Readiness Survey. This survey will help teams understand current barriers and opportunities for getting started with PVB. There are no right answers! It's ok to start with lots of opportunities for improvement!
4. Review your hospital's current status and **identify opportunities for improvement**. Reference the **PVB Key Driver Diagram** to identify possible interventions. Focus first on understanding your team's clinical culture around cesarean/vaginal deliveries and how that culture can better promote and support vaginal birth, consider standardized processes for induction, admission, labor support and standardized protocols for identification and management of labor challenges / abnormalities. Consider how you will use your team's monthly data to monitor initiative progress and provide feedback to clinical teams. Key QI strategies for PVB include:
 1. Facilitate clinical culture change that promotes and supports vaginal birth
 2. Develop standardized processes for induction and labor support
 3. Develop standardized protocols for the identification and response to labor challenges/abnormalities
5. Review the ILPQC Promoting Vaginal Birth **Online Toolkit** for nationally vetted resources to support your improvement goals.
6. Meet with your QI team to create a draft **30-60-90 day plan**. This plan helps your team decide where to start and identify what you want to accomplish in the first 3 months. Call it the "where should we start" for your PVB implementation plan.
7. Diagram your **process flow** to implement a **Decision Huddle with SHARED decision making or Debriefs post-delivery** in conjunction with ACOG/SMFM Cesarean Decision Checklist. This diagram helps your team describe your hospital's process for decision making for C-section delivery indications. This should be a work in process diagram to help you identify key opportunities for improvement. Involve everyone in this process to help your team understand who is doing each activity, when, where, why, and how.
8. Plan your first **PDSA cycle** with your team to address your 30-60-90-day plan. These small tests of change help your hospital test process/system changes to reach initiative goals. Please see attached worksheet for more details on planning your first small test of change. Focus on PVB key elements for improvement, start small and test a change/ improvement with one nurse, one provider, one patient or for one day or one week. Review results, make improvements and implement if successful, repeat cycle if improvements needed.
9. Develop your teams 30, 60, and 90-day **implementation plan** for key improvement areas. Consider focusing on provider and nurse education to facilitate buy-in. Think about how you will implement standard provider and staff training about ACOG/SMFM criteria for C/S delivery and labor support management. Every hospital is different and is starting at a different place. Your readiness survey should help direct your team on where you may want to start.
10. Reach out to ILPQC for help (info@ilpqc.org) and celebrate your successes with your team early and often.